

IAP5 Rec'd PCT/PTO 01 SEP 2006

Application Data Sheet

## Application Information

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | National Stage                                   |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | None   |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | CONVEYOR DEVICE WITH AN<br>IMPROVED TRANSFER ARM |
| Attorney Docket Number::            | 0546-1090  |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          |  |
| Total Drawing Sheets::              | 3  |
| Small Entity?::                     | No   |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent<br>Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: STÉPHANE  
Middle Name::  
Family Name:: LEGALLAIS  
Name Suffix::  
City of Residence:: OCTEVILLE SUR MER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O SIDEL, AVENUE DE LA PATROUILLE DE  
Address:: FRANCE

City of Mailing Address:: OCTEVILLE SUR MER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-76930

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VINCENT  
Middle Name::  
Family Name::  
Name Suffix:: BRACHET  
City of Residence:: OCTEVILLE SUR MER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O SIDEL, AVENUE DE LA PATROUILLE DE  
Address:: FRANCE

City of Mailing Address:: OCTEVILLE SUR MER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-76930

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DENIS  
Middle Name::  
Family Name:: GILLET  
Name Suffix::  
City of Residence:: OCTEVILLE SUR MER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O SIDEL, AVENUE DE LA PATROUILLE DE  
Address:: FRANCE

City of Mailing Address:: OCTEVILLE SUR MER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-76930

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of    | PCT/EP2005/050499       | 2/7/05                  |
|                  |                      |                         |                         |

**Foreign Priority Information**

| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE    | 0450454                 | 3/5/04        | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::